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April 15, 2015

Dear MaineCare Provider:

I am writing to you today regarding Maine's Transition Plan for Home and Community-Based Services (HCBS). This plan has been submitted to the Centers for Medicaid and Medicare Services and is now available online at <http://www.maine.gov/dhhs/oms/rules/transition-plan.shtml>. Printed copies can be obtained by visiting any regional DHHS Office for Family Independence (a list of the offices/locations can be found at <http://www.maine.gov/dhhs/DHSaddresses.htm>) or by calling Ginger Roberts-Scott at (207) 624-4048 or Deb Halm at (207) 287-4265.

The Transition Plan is required by the federal government as part of new Medicaid regulations. Its submission is one of the first steps in a lengthy process to ensure compliance with the federal standards for HCBS. Maine must comply with the new rules by March 17, 2019.

This change may affect services provided to people who receive services under one of five waivers in MaineCare, Maine's Medicaid program. Individuals whose healthcare needs qualify them for services in an institutional setting, but choose instead to get the help they need in the community are cared for under these waivers. These include Adults with Brain Injury (Section 18 waiver); Elders and Adults with Disabilities (Section 19); Adults with Other Related Conditions (Section 20); and Adults with Intellectual Disabilities and Autism (Sections 21 and 29).

Many of the new standards align with services that are already being provided in Maine, but the State must ensure and *prove* to the federal government that these standards are being met. Essentially, the standards strive to ensure that a person receiving services in the community does not experience isolation, and that services are provided differently in the community than they are in an institution. Key elements of the standards include consumer choice, consumer control of independence, and the elimination of isolation. Core values associated with the federal standards are privacy, flexibility, and person-centered planning and support.

Prior to finalizing the transition plan, several informational webinars were held and a statewide community forum took place. In addition, an advisory group comprised of Department staff, consumers, advocates and health care providers met to discuss the new standards. The plan that has been submitted is reflective of feedback from these discussions.

Moving forward, the Department will establish four advisory groups to make recommendations on how to assess service settings, help providers to comply with the new federal rules and develop systems to verify compliance. The four groups will focus on: employment settings; center-based community supports and Adult Day Centers; waiver-funded residential settings; and State Plan-funded residential settings. There will be ample opportunity for public discussion and involvement through these groups and the rule-making, which requires public hearings around significant rule changes.

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In closing, it's important to realize that there is much to be done, and the work has just begun. I recognize that there are significant challenges that come with the plan's implementation. The requirement that every service location is assessed to determine compliance is a daunting and costly one. In addition, I am also concerned with the federal government's one-size-fits-all approach to meeting the new standards.

Consumers and providers can rest assured that we will work tirelessly during the plan's implementation to ensure that the federal government understands our consumer's needs and approves of service delivery that our consumers want and that we know are effective.

I welcome your participation in this process.

Sincerely,



Mary C. Mayhew
Commissioner

MCM/klv